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Health Services Cost Review Commission

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Nurse Support Program II

Request for Applications

FY 2017

Competitive Institutional Grants

Response Date: January 15, 2016 at 4:00 p.m.

**Administrator: Maryland Higher Education Commission
6 N. Liberty Street, 10th Floor
Baltimore, Maryland
(410)767-3372
www.mhec.state.md.us**

Summary Timetable

Friday, October 2, 2015 RFA released for NSP II FY 2017
Competitive Institutional Grants

Friday, December 11, 2015 NSP II Technical Assistance Meeting
10:00 AM – 2:00 PM
Charles Ecker Business Training Center
6751 Gateway Drive
Columbia, MD 21046
(443)518-1660

For directions, please visit: <http://www.howardcc.edu/programs-courses/continuing-education/business-training-center/meeting-facilities/>

This meeting will consist of technical assistance in the morning session, a networking lunch, and an afternoon workshop format. Professional staff from MHEC will meet informally with participants to discuss proposed projects.

Any questions, contact peggy.daw@maryland.gov or priscilla.moore@maryland.gov

January 15, 2016	Proposals due by 4:00 p.m. at MHEC
April 13, 2016	HSCRC Meeting on proposals
April 15, 2016	Notification of grant awards made
July 1, 2016	Projects begin
July 31, 2016	Grant funds processed for new projects
August 31, 2016	Annual Reports Due for FY 11 - FY16 grants
September 30, 2016	Final Reports Due for all grants ending FY 16
October 1, 2016	Grant funds processed after reports approved

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NURSE SUPPORT PROGRAM II

Grant proposals for FY 2017 of the Nurse Support Program II (NSP II) Competitive Institutional Grants are being solicited. The NSP II is distinct from, and in addition to, the NSP I hospital-specific program. As with NSP I, the goal of NSP II is ultimately to increase the number of qualified nurses in Maryland hospitals and health systems. *The NSP II, however, focuses on the education of nurses and, therefore, concentrates on the nursing educational system, including university, college and community college schools of nursing and hospital and school consortia.*

I. BACKGROUND

In July, 2001, the Health Services Cost Review Commission (HSCRC) implemented the first phase of the Nurse Support Program (NSP I) to address the issues of recruiting and retaining nurses in Maryland hospitals. In 2005, seventy-nine percent (79%) of the RN programs reported that they had met or exceeded their enrollment capacity. The shortage of qualified nursing faculty was identified as the fundamental obstacle to expanding the enrollments in nursing programs, thereby exacerbating the nursing shortage.

The Health Services Cost Review Commission proactively created the NSP II to address the barriers to nursing education. At its May 4, 2005, public meeting, the HSCRC unanimously approved an increase of 0.1% of pooled regulated gross patient revenue for use in expanding the nursing workforce through increased nursing faculty and nursing program capacity in Maryland.

In 2014, at the conclusion of the original ten years of funding, the HSCRC and MHEC staff completed a comprehensive program evaluation with the assistance of an NSP II Advisory Board. This Health Services Cost Review Commission's report is public and available at <http://www.hscrc.state.md.us/documents/commission-meeting/2015/01-14/HSCRC-Public-Pre-Commission-Meeting-2015-01-12.pdf>. Many stakeholders provided letters of support.

The overall number of nursing graduates in Maryland has increased by 43%, compared to a national increase of 21% between 2008 and 2013. While some undergraduate nursing degree increase is attributable to natural growth, data provided by NSP II competitive institutional grant project directors suggest that over 5,800 or 27% of all undergraduate nursing degrees produced between 2006-2013 are directly attributable to the NSP II competitive institutional grant program focused on student retention initiatives, redesigned curriculum options, and new programs.

The Health Resources and Services Administration (HRSA) reported in April 2013 that one third of the current national nursing workforce is older than 50 and will reach retirement age over the next 10-15 years. Maryland is one of the sixteen states projected to experience a smaller growth in RN supply relative to state-specific demand, resulting in a shortage of RNs by 2025. Maryland is the only state within the neighboring geographic states of Delaware, Virginia, West Virginia, and Pennsylvania expected to see large declines in the adequacy of the RN workforce. (HRSA, December, 2014).

Hospital nurses are at the forefront of moving from practices based purely on acute care

admission frameworks, towards models based on health promotion and population health. The HSCRC collaborated with the Centers for Medicare and Medicaid Services to modernize the State's Medicare waiver in January 2014. Hospitals have or are restructuring to provide for patient centered health care delivery with an All-Payer Model that depends on developing strategies that help individuals stay healthy, reduces hospital readmissions, and prevents avoidable adverse outcomes. Continuity of care across acute and chronic conditions can be managed through a partnership among providers, payers and patients/families. Collaboration between patient and provider partners leads to better self-care management, improved functional health and reduced readmissions. Nurses are central to the successful implementation of the modernized waiver, using existing clinical expertise while developing broader skills in managing smooth care transitions.

The NSP II program evaluation and staff recommendations were approved on January 14, 2015. The HSCRC approved a continuation of NSP II with expert guidance from a Workgroup to include timely revisions to meet the needs of the future nursing workforce. Continuation of funding represents approximately \$15 million devoted to NSP II on an annual basis for the next five years.

The Institute of Medicine's (2010) report, *The Future of Nursing: Leading Change, Advancing Health* recommends that a greater emphasis be placed on making the nursing workforce more diverse, particularly in the areas of gender, race and ethnicity; not only as a means of meeting workforce demand but to improve health outcomes, reduce costs and improve the quality of patient care. This report highlights "having enough nurses with the right kinds of skills will contribute to the overall safety and quality of a transformed healthcare system."

The NSP II evaluation recommendations focused on 4 key goals gleaned from the landmark 2010 report. The NSP II Workgroup was formed to develop a new set of goals and metrics for the future programs of NSP II, with representatives from the hospital industry, educational institutions and professional organizations. An HSCRC Commissioner, the Executive Director of the Maryland Board of Nursing, the President of the Maryland Nurses Association, the Chair of the Maryland Action Coalition, representatives from the Maryland Hospital Association, the Maryland Organization of Nurse Executives, the Nurse Residency Consortium, the Maryland Deans and Directors Association, Chief Nursing Officers at Maryland Hospitals, NSP II Project Directors across the state at Community Colleges, Historically Black Institutions, Public and Private Universities and the staff at MHEC and HSCRC. This group of professionals completed the necessary revisions for a successful program to develop new directions in meeting the needs of today's nursing workforce. This combined effort of the NSP II Workgroup will guide the NSP II programs, including the implementation and evaluation of the next five rounds of NSP II Competitive Institutional Grants and Statewide Initiatives.

The new NSP II initiatives are founded on the following IOM Recommendations:

1. Recommendation #4- Increase the proportion of nurses prepared with a baccalaureate degree to 80% by 2020
2. Recommendation #5- Double the number of nurses with a doctorate by 2020

3. Recommendation #6- Ensure that nurses engage in lifelong learning
4. Recommendation #7- Prepare and enable nurses to lead change to advance health

The expectations for nursing education programs funded through NSP II are outlined in the IOM's (2010) *The Future of Nursing: Leading Change, Advancing Health* report. Goals and objectives are directed at meeting the needs of hospitals for a more highly educated nursing workforce with the right mix of skills and preparation for the patient centered care continuum. Nurses are well positioned to help hospitals reach their All-Payer Waiver targets and achieve the Triple Aim- better health and better care at lower cost.

II. PROGRAM AUTHORIZATION

Annotated Code of Maryland, Education Article

§ 11-405. Nurse Support Program Assistance Fund

(a) *"Fund" defined.*- In this section, "Fund" means the **Nurse Support** Program Assistance Fund. (b) *Established; status; administration; investments.*- 1. There is a Nurse Support Program Fund in the Commission. 2. The fund is a continuing, nonlapsing fund that is not subject to §7-302 of the State Finance and Procurement Article 3. The Treasurer shall separately hold and the Comptroller shall account for the fund 4. The fund shall be invested and reinvested in the same manner as other State funds 5. Any investment earnings of the fund shall be paid into the fund (c) *Composition.*- The Fund consists of revenue generated through an increase, as approved by the Health Services Cost Review Commission, to the rate structure of all hospitals in accordance with § 19-211 of the Health - General Article. (d) *Expenditures.*- Expenditures from the Fund shall be made by an appropriation in the annual State budget or by approved budget amendment as provided under § 7-209 of the State Finance and Procurement Article (e) *Use of money; guidelines.*- The money in the Fund shall be used for competitive grants and statewide grants to increase the number of qualified bedside nurses in Maryland hospitals in accordance with guidelines established by the Commission and the Health Services Cost Review Commission. (f) *Guideline provision for minority recruitment.*- The guidelines established under subsection (e) of this section shall provide that a portion of the competitive grants and statewide grants be used to attract and retain minorities to nursing and nurse faculty careers in Maryland. [2006, chs. 221, 222.]

III. ADMINISTRATION OF NSP II

HSCRC contracted with the Maryland Higher Education Commission (MHEC) to administer the Nurse Support Program II. Monthly NSP II payments are transferred from Maryland hospitals to MHEC and distributed by MHEC to institutions of higher education, hospitals, faculty, and students selected to receive NSP II funding. On behalf of HSCRC, the Maryland Higher Education Commission is also responsible for (1) the development of applications and guidelines, (2) overseeing the review and selection of applicants, and (3) the monitoring and evaluation of recipients of NSP II awards.

MHEC provides the programmatic and administrative support necessary to successfully administer the NSP II program. As the coordinating board for all Maryland institutions of higher education, MHEC contributes its extensive experience and expertise with (1) the management of institutional grants, (2) the administration of student financial aid, and (3) the collection, review, and evaluation of programmatic and financial data from Maryland's higher education institutions. In addition, MHEC is responsible for working collaboratively with Maryland's colleges and universities to address Maryland's workforce needs, including the State's nursing and nursing faculty shortage.

NSP II supports two types of initiatives: 1) Competitive Institutional Grants and 2) Statewide Initiatives.

This Request for Applications is for the Competitive Institutional Grants Program. Maryland Institutions of Higher Education are invited to apply for funding to support projects that meet the stated goals of the NSP II.

Statewide Initiatives are awarded through a separate process. Statewide Initiatives are also administered by MHEC on behalf of the HSCRC. The centralized administration of nursing scholarships, fellowships, grants, faculty development, simulation and leadership resources provides uniformity in the amount and type of financial support provided to nursing students, faculty, nursing programs and hospitals throughout the State. (Appendix C) The two types of initiatives, Competitive Institutional Grants and Statewide Initiatives, are intended to work together for a stronger nursing workforce in Maryland.

IV. DATA REQUIREMENTS

1. Definitions and Data Request for all NSP II Grant Applications

The NSP II in the 5 year renewal phase is outcomes based. Previous performance funding described a broad set of policies linking allocation of resources to accomplishment of certain desired outcomes. Outcomes based funding is more specific. It is based on a significant stable funding source, and considers completion as a primary metric with priority given to reaching underrepresented groups in nursing and nurse faculty. The NSP II is committed to reaching statewide priorities in meeting the IOM Recommendations #4, 5, 6, & 7 with an emphasis on data infrastructure #8.

The NSP II Workgroup developed definitions for easily recognized and readily available metrics. These are reliable, consistently collected data at nursing programs. The return on investment for funding with NSP II at institutions will be measured through an analysis early on of the baseline and incremental improvements to reach the statewide priorities. The final analysis focuses on completions, a higher percentage of BSN prepared nurses, more doctoral prepared faculty, meeting the needs of hospitals for a more highly educated workforce, developing a new cadre of leaders for academic and practice and demonstrating to the HSCRC, a true return on investment in a better prepared, capable and readily available nursing workforce.

Completion/Graduation: Number of students who graduate within a defined period of time.

- Definition used by the ACEN for the program completion rate is the number of students who complete the program within 150% of the stated program length beginning with enrollment in the first nursing course.
- For part-time programs (such as RN to BSN): The program specifies the entry point and defines the time period to completion. The program describes the formula it uses to calculate the completion rate.

Enrollment: Unduplicated headcount for academic year as of October 15.

Pass Rates:

The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years (CCNE).

The APRNs eligible for each examination for which the program prepares graduates is provided for each of the three most recent calendar years (CCNE).

Employment Rate: Number of graduates, one year after graduation, employed in a position for which the program prepared them (ACEN).

Faculty: Calculate FTEs using the following formula:

FTE calculation: 1 FTE = 15 credits or 600 hours per semester or as defined by your institution.

NURSING FACULTY	Equivalents (Total FTEs)		
	FT	PT	Total Number
Nursing faculty with PhD in Nursing			
Nursing Faculty with PhD - Other			
Nursing Faculty with DNP			
Nursing Faculty with EdD			
Nursing faculty with MSN			
Clinical nursing faculty with BSN			
Clinical nursing faculty with MS			

How many vacant faculty positions does your program have?

	Full-Time	Part-Time
Number of Vacant Faculty Positions		

If vacancies, what was the primary cause?

- ___ Budget constraints
- ___ Lack of qualified applicants
- ___ Other (Specify):

Certified Nurse Educators	# with CNE	% of FT Faculty
Number of FT Faculty with NLN CNE credential		

Describe the limitations on the capacity of your program during the current academic year

- Faculty recruitment. Specify areas of expertise and/or primary barriers:
- Availability of clinical placements. Specify area(s) of shortage and current clinical sites:
- Other: Describe (e .g. institutional, capacity, demand, student recruitment, etc.

Academic Year/Session for Indicated Program FY 2017 RFA (AY 2015-2016)

Program Capacity (new students only)	
Number of qualified applicants	
Qualified but not admitted	
Admitted who registered	
Graduation Rate	
Retention Rate	

Graduates per academic year (as appropriate) (most recently available data?)

Graduates	ADN	BSN	Master Entry	RN-BSN	RN-MSN	MS	DNP	PhD

Demographics - Students/Faculty

Number from Underrepresented Groups in Nursing (ethnic/racial minorities, gender, age) for both Students and Faculty

Underrepresented Groups in Nursing	Ethnic/Racial Minority							
	% Asian	% Black/ African American	% Latino/ Hispanic	% Pacific Islanders and Native Americans	% White	% Mixed Race	% Other	Total Number
Nursing faculty (FT)								
Clinical or part-time faculty								
Nursing students								

Underrepresented Groups in Nursing	Ethnic/Racial Minority		
	% White	% Non-White	Total Number
Nursing faculty (Full Time)			
Clinical or part-time faculty			
Nursing students			

Underrepresented Groups in Nursing	Gender		
	Female	Male	Total Number
Nursing faculty (FT)			
Clinical or part-time faculty			
Nursing students			

Underrepresented Groups in Nursing	Age		
	Less than age 30	Greater than age 60	Total Number
Nursing faculty (FT)			
Clinical or part-time faculty			
Nursing students			

Geographic Impact

In-State or Out of State	State of Residence				
	Maryland	Geographic Neighbors (VA,DE, DC, PA, West VA)	Other States	Total Number	Percent In State
Nursing faculty (FT)					
Clinical or part-time faculty					
Nursing students					

V. COMPETITIVE INSTITUTIONAL GRANTS GUIDELINES AND INITIATIVES

GRANT AWARDS

Amount to be Awarded: The size of each Competitive Institutional Grant award will depend upon the grant project's ability to impact the nursing shortage in a timely manner, the depth and breadth of the initiative, and the feasibility of the budget. There is no maximum grant award amount; however, the budget must be justified by the scope and outcomes of the project. In general, each school should consider the total number of nursing programs seeking funding from a budget of approximately \$10 million per year for Competitive Institutional Grants. There is always a possibility of partial funding, but unrealistic and excessive budget requests with poor supporting documentation, will not be considered by the panel.

Legislation was enacted to create a non-lapsing special fund for the NSP II program so that funds can be carried forward for awards in future years and can remain dedicated to NSP II initiatives.

Types of Grants: Funding is available for the following five types of competitive grants:

1. Initiatives to increase Nursing Pre-Licensure Enrollments and Graduates
2. Initiatives to advance the education of students and RNs to BSN, MSN and Doctoral level
3. Initiatives to increase the number of doctorally prepared nursing faculty
4. Initiatives to build collaborations between education and practice that develop new models that promote a patient centered continuum of care
5. Initiatives to develop statewide resources and models- for simulation, distance education, retention, leadership, mentoring, increased diversity and professional development, etc.

Initial Grant Process: The following is an outline of the grant process and schedule:

- Proposals for the NSP II Competitive Institutional Grants will be due on January 15, by 4:00 pm. at the Maryland Higher Education Commission (MHEC), 6 N. Liberty Street, 10th floor, Baltimore, MD 21201. If inclement weather causes either MHEC or the applicant institution to close that day, the proposal will be due the next full business day of both MHEC and the applicant institution.
- Applicants will be notified by phone, mail, or e-mail on or about April 15, 2016, as to whether their proposals were approved for funding.
- Projects will begin on July 1, 2016.
- Payments will be made after July 1 each year in accordance with previously approved Budgets and assuming adequate progress approved in interim Annual Reports.
- Grants will be funded for a period of one (1) to five (5) years.

Modifications and Renewals of Grants: Based on interim reports, MHEC, in collaboration with HSCRC, reserves the right to request changes to the original plan for funded initiatives. MHEC, in collaboration with HSCRC, also reserves the right to end the grant (see “Termination” in Appendix B).

Grantees may wish to request changes to the original plan. They may request such changes at any point during the grant but must receive approval from MHEC, in collaboration with HSCRC, before such changes are made. (For more information about making programmatic changes, see “Grant Management,” especially “Post-Award Changes” in Appendix B.)

After the initial approved funding, applicants may reapply for additional funds to continue their existing initiatives, to modify their initiatives based on new information, or to develop new initiatives.

Continuation Grants: NSP II Continuation Grants are available for successful grant projects that are recommended for funding beyond the initial grant period to expand on models or programs that have potential for greater impact with additional funding. Continuation grants are only available for projects invited to apply. Consideration for continuation grants will include a review of project impact, progress towards stated goals and objectives, financial management of funds, and compliance with reporting requirements. Priority for continuation funding will be given to those projects that are innovative, focus on the future of nursing, and have a regional or statewide impact. Projects invited to apply for continuation funding will be required to submit a modified continuation grant proposal. Invitations for NSP II Continuation Grants will be sent to project directors during the final year of funding. An invitation to submit a continuation grant proposal does not guarantee continuation funding. Continuation grant proposals are reviewed by the review panel and approved on the Competitive Institutional Grants schedule.

ELIGIBLE APPLICANTS FOR COMPETITIVE INSTITUTIONAL GRANTS:

Eligible applicants for competitive grants funded by NSP II are:

- Consortia of Maryland higher education institutions with nursing degree programs and Maryland hospitals;
- Partnerships of Maryland higher education institutions with nursing degree programs;
- Individual Maryland higher education institutions with nursing degree programs.

ELIGIBLE INITIATIVES AND PRIORITIES FOR COMPETITIVE GRANTS:

NSP II may provide funding for competitive grant initiatives that will (1) increase the enrollment and graduation of nurses who will then practice in Maryland hospitals and (2) increase the supply of qualified nursing faculty required to expand the capacity of Maryland’s nursing programs. Priority will be given to proposals that include activities to attract minorities to nursing and nurse faculty careers and to retain minorities in nursing and nurse faculty careers throughout Maryland. The five types of competitive grants are identified below.

An applicant may apply for one type of Competitive Institutional Grant. An applicant may elect to submit separate proposals for each type of Competitive Institutional Grant, if components address more than one grant category. However, the initiatives are clear and should help define outcomes. Each institution should match funding resources with goals that have clearly defined deliverables that can be expected at the grant's conclusion.

Awardees are expected to participate in annual statewide conferences and programs offered through the Maryland Action Coalition (MDAC) and the Maryland Organization of Nurse Executive (MONE) Nurse Residency Consortia, both of whom are charged with leading important IOM Initiatives at the state level. Together, they provide the framework for personnel, infrastructure and resources to ensure the successful implementation of academic progression models and the dissemination of NSP II innovations.

Mechanisms are in place to bring awardees together to share best practices and statewide progress towards all IOM recommendations. As part of these meetings, participants will share interim measurements and progress relevant to their grant(s). Institutions are expected to include attendance opportunities and budgetary allocations through participant support costs within their grant proposals for grantees/partners to participate.

Mandatory Dissemination Activities are important for synergy and collaboration to demonstrate the return on investment in programs, nurses and faculty. The IOM *Future of Nursing* (2010) goals were reflected in NSP I's (2012) adoption of IOM goals #3, 4, 6, & 7 with NSP II's (2015) later adoption of IOM goals #4, 5, 6, & 7. The progress towards these mutual goals will be measured as part of the evaluation of NSP I in 2016-17 and for NSP II in 2019-20 to assist in making future funding decisions.

For additional information, please review the [NSP I Evaluation FY 2007-2012](#) approved June 6, 2012 and [NSP II Evaluation FY 2006-2014](#) approved January 14, 2015 in the Health Services Cost Review Commission's Public Meeting Minutes at www.hscrc.state.md.us. Both evaluations and recommendations approved by the Commission include plans for programs to achieve the goals in the IOM's (2010) *The Future of Nursing: Leading Change, Advancing Health* report.

1. **Initiatives to Increase Nursing Pre-Licensure Enrollments and Graduates:** NSP II funding will be available for Maryland higher education institutions, consortia of institutions and/or hospitals to implement sustainable strategies to combine and integrate their resources to allow for immediate expansion of nursing enrollments and graduates. The Robert Wood Johnson Foundation (RWJF) Academic Progression in Nursing (APIN) supports the continued dialogue among community college, university, and practice partners on challenges and successes with their work on academic progression. As NSP II applicants consider increasing graduates, we must consider the importance of community colleges in the success of meeting the IOM goals #4, 5, 6, & 7. These include the #4 goal, to increase to 80% BSN or higher degrees for nurses in Maryland. Some key points for all partners to remember as we work towards a seamless academic progression and dual enrollment models, community colleges provide quality, accessible and affordable pathways for higher education. They serve a wide geographic area across the state and diverse populations with

many adult learners. We do not have the capacity to meet the IOM #4 goal, without the community college nurse educators working alongside the university nurse educators and hospital nurse educators to prepare the future workforce.

Awards will be made to those applicants able to significantly increase nursing enrollments and graduates over the next three to five years as a result of shared resources. Fully executed contracts between hospitals and/or educational institutions must guarantee the flow of funds to support the activities to be carried out by the hospitals and educational institutions.

Proposals must include a detailed description of shared resources, and explicit information on the goals, roles, and expected outcomes of all institutions involved in the project. The budget included in the proposal should reflect any financial contribution or contribution in kind from each of the consortia partners.

Within this initiative for pre-licensure RN graduates, funds are intended to meet IOM Goal #4. Community colleges and baccalaureate nursing programs are expected to collaborate in an effort to streamline the educational process to facilitate the students' transition between institutions. Funding may be provided for the redesign of pre-licensure education across associate and baccalaureate programs.

Funding may be used for various types of joint initiatives. Seamless academic progression should be included for the realization of the goal of a more highly educated nursing workforce. Proposals will be selected based on the applicant's ability to demonstrate that the proposal will significantly increase student retention, the graduation rates of their nursing programs, and ultimately the number of nursing graduates available to work in Maryland hospitals.

2. **Advance the education of students and RNs to BSN, MSN and Doctoral level:** NSP funding will be available for individual or consortia of Maryland institutions with nursing degree programs to implement seamless transition in Maryland. This may include, but is not limited to, strategies to provide pre-admission testing, pre-admission advisement on course selection and options for ADN-BSN, RN-MSN, BSN-DNP or PhD, mentoring, a consultant to identify effective strategies for working with diverse student populations, and the redesign of the nursing curricula.

These may include, but are not limited to, innovations on dual enrollments, the development of online graduate courses and programs, alternate entry MSN degree for healthcare providers with related graduate degrees and experience, BSN to doctoral transitions. Proposals for new nursing programs will not be funded until approvals by the Maryland Board of Nursing and the Maryland Higher Education Commission have been obtained.

NSP II funding will be available to develop innovative programs that significantly increase the proportion of students entering community colleges who transition into a baccalaureate degree program immediately after completion of community college. The goal of these initiatives will be to retain students in the educational system where they can complete their baccalaureate degree within 4 years or less.

Many of those receiving an ADN do not currently go on to obtain additional higher education that would qualify them to become faculty members in the future. Guaranteeing a sufficiently robust pool of applicants for graduate education that will prepare nursing faculty for the future requires a larger pool of nurses with a BSN or higher. This program is seeking strategies for creating special pathways that would fast-track qualified students entering nursing education through community colleges to successfully complete a BSN or MSN. Creative proposals that fast-track professional nursing education and serve a broad range of needs of students, working adults, non-traditional students and others are encouraged.

3. **Initiatives to increase the number of doctorally prepared nursing faculty:** NSP II funding will be available for individual or consortia of Maryland institutions with graduate nursing programs to implement sustainable strategies to increase the supply of nursing faculty with doctoral degrees to expand nursing programs in the State

Funding will be available to increase: (1) the promotion of nursing faculty careers in Maryland, (2) student recruitment to Maryland's doctoral programs, and (3) enrollments in graduate nursing programs leading to careers as nursing faculty in Maryland.

Funding also may be provided to expand graduate nursing programs in Maryland and increase the number of nursing faculty they produce by creating additional graduate courses, and accelerated doctoral programs to prepare nursing faculty with a terminal degree. Funding may be used to develop curricula that more efficiently integrate undergraduate and graduate study to reduce time to graduation, and implement other promising strategies to increase the output of qualified nursing faculty at the doctoral level. Funding will be available for nurse researchers and research components in nursing education, nursing workforce, innovations in care and the clinical impact of a more highly educated nurse on patient outcomes.

Proposals will be selected based on the applicant's ability to demonstrate that the proposal will significantly increase the supply of doctorally prepared nursing faculty needed by Maryland institutions to expand enrollments in their nursing programs. Priority will be given to programs that increase doctoral completions by nursing faculty as expeditiously as possible.

4. **Initiatives to build collaborations between education and practice that develop new models that promote a patient centered continuum of care:** NSP funding will be available for individual or consortia of Maryland institutions with nursing degree programs to collaborate with hospitals in preparing nurses for changing nursing care delivery in Maryland hospitals. Nursing education and practice partners guide the right mix of skills and expertise of the new graduate nurses. Some suggested options include: provide coursework/ modules on care continuum; utilize NSP I and NSP II in hospital/education agreements; increase primary care providers- APRNs, Nurse practitioners-Adult, Psychiatry, Pediatrics; develop Nurse Residencies with academic credits; e.g. ADN – BSN; and share clinical resources, ie:

clinical simulation and clinical placement hours. Funding will be available for nurse researchers and research components in nursing education, nursing workforce, innovations in care and the clinical impact of a more highly educated nurse on patient outcomes.

5. Initiatives to Increase Capacity Statewide: NSP II funding will be available to develop and disseminate innovative programs that have a statewide impact on the capacity to educate nurses or nursing faculty. These programs may include, but are not limited to, providing new faculty orientation sessions and mentoring on a statewide basis, the dissemination of standardized web-based preceptor training, providing professional development opportunities, and the dissemination of a standardized retention model. In addition, statewide curricular redesign with broad collaboration between agencies and institutions to enhance seamless academic progression, and innovations to provide additional opportunities for employed RNs to meet educational goals established by their employers will be given priority for funding.

VI. REQUEST FOR APPLICATIONS—PROCESS

The proposal application guidelines follow. These guidelines are intended to provide a structured format to facilitate the evaluation process. Additional information may be requested during the review process to clarify specific programmatic or budgetary issues.

Proposals that are not selected for this funding phase of NSP II may be revised and resubmitted for the next funding phase.

In addition, grant funds are available for planning grants. These proposals would be submitted prior to requests for a possible future program that is not ready for full implementation and evaluation. They should be limited to 12-18 months and specify the expected outcomes.

Funding Concerns from past Panels

Prior NSP II grant review panels have identified themes of proposals that cannot be funded in this next round of grants for FY 2016 to FY 2020. Issues have been lack of approvals, lack of sustainability, excessive budget front loading, lack of evaluation planning, heavy administrative budget requests and unrealistic targets. Programs requesting funding should have completed all program approvals, including MHEC and MBON, as well as any accreditation reviews of changes. Institutions should provide clear budget match amounts as institutional investment or partner support is expected when funding is requested. Achievable timelines and budgets that reflect realistic hiring schedules, funding for faculty for program expansion and linking funding to clearly measurable completions with sustainability planning is expected.

PROPOSAL REQUIREMENTS

Proposal Format

- The proposal narrative must be limited to a maximum of 15 single-spaced pages.
- Pages must have one-inch margins and be in Times New Roman 12 font.
- Pages must be 8 ½ by 11 inches in size.
- Title should be brief and proposals' narrative pages must be numbered.
- Appendix material must only include relevant information. (The appendices are not counted in the 15-page proposal limit.)
- One signed original proposal and eight paper copies must be submitted to MHEC.
- In addition, electronic proposal applications and electronic excel budgets must be submitted to MHEC by the due date. Forward these to Priscilla.Moore@maryland.gov.

Proposals for all Competitive Institutional Grants must include the seven sections identified below. Detailed instructions are provided for each section. Please number all pages.

- I. Cover Sheet
- II. Abstract
- III. Table of Contents
- IV. Proposal Narrative
- V. Budget and Cost Effectiveness
- VI. Memorandum of Understanding, if applicable
- VII. Assurances

I. Cover Sheet (use form in Appendix A; required but no points)(Data Set Required)

II. Abstract (5 points)

The abstract should be clearly written for an educated but general audience. It should indicate what strategies the project will undertake and how these strategies address the project goals. The abstract should be 150 words or fewer. This abstract may be reproduced as is or edited for inclusion in press releases and other publications describing the grant program.

III. Table of Contents (required but no points)

IV. Proposal Narrative

A. Overview of the proposed initiative (10 points)

- Briefly explain your proposal plan and how it will increase the number of registered nurses graduating from Maryland nursing programs with a commitment to work as bedside nurses in Maryland hospitals.
- If your application involves the recruitment and/or education of additional nursing faculty, show the connection between the increased number of faculty and an increased number of nursing students and graduates.

- Provide current baseline data for each nursing program to be impacted by the proposal. Utilize data reported annually to the Maryland Board of Nursing and/or the accrediting bodies, including the Commission on Collegiate Nursing Education(CCNE) and Accreditation Commission for Education in Nursing(ACEN), whenever possible. Data should include but not be limited to:
 - o Number of nursing enrollments of each nursing program in FY 2015,
 - o Number of graduates and graduation rate for each nursing program in FY 2015,
 - o Passage rate of graduates of each nursing program on any required nursing licensing exams in FY 2015, and
 - o Number and type of full-time and part-time nursing faculty in FY 2015
 - o **See Required Data Set- must be completed.**

B. Project Goals and Objectives (15 points)

- Clearly articulate the specific aims of your proposal in measurable terms and indicate the time frame for achievement of goals and objectives in the near and longer term.
- Describe what will be achieved for whom and by whom.
- Goals and Objectives must be concrete and quantifiable.
- Specify anticipated outcomes by project end date.
- The Goals and Objectives must relate to the goals of NSP II and not the professional development of the individual nurse or nursing student.
- Follow SMART Guidelines- Specific (narrow and name target population to be served), Measurable (reference quantifiable data), Achievable (possible and plausible), Results oriented (have clear outcomes) and Time-bound (have deadlines)

C. Scope of the Proposed Initiative (Plan of Operation) (15 points)

- Provide a detailed description of the proposed initiative (e.g., for initiatives to increase nursing faculty, specify the number of additional nursing faculty to be added and how they will be identified or developed, describe program enhancements, and delineate expected increases in enrollments and graduations).
- Include clear role descriptions for all participating partners.
- Provide a timeframe for implementation of all elements.
- Provide a plan for sustainability following NSP II funding.

D. Management Plan (15 points)

- Describe each participating partner/institution's roles and responsibilities as well as the benefits to be gained from any proposed collaboration.
- Provide a work plan that lists major management actions and assigns responsibilities to key staff personnel. It should be clear what each project staff person does. Project duties should be clearly linked to the budget, as well as management and activity plans.
- Provide a clear organizational structure and milestones for accomplishing the proposed management actions.
- Describe the time commitment of the project director and other key personnel. It should be clear that the project director will have sufficient time to dedicate to the project. (This may provide an opportunity to utilize in-kind services.)

- Recruitment is a key element in project success and as such must be carefully planned. Retaining participants in a program that takes place over a number of years can also be a problem. A good management plan will address both of these issues. The management plan should articulate participants' incentives for being participants and strategies being used to retain participants.
- Provide one-page résumés of key personnel in the appendices.

Note: Administrative costs are to be kept to a minimum. Therefore, this may be an opportunity to demonstrate in the management plan the utilization of in-kind services for the administration of the project.

The management plan will be evaluated on (1) its adequacy to achieve the objectives of the proposed project on time and within budget; (2) the extent to which program management is clearly defined (who will do what, when, and where); (3) the extent to which the plan maximizes the effectiveness of the project; and (4) the extent to which existing staff and in-kind services support the initiative.

While some staff may be hired once the grant is secured, there is a strong preference for identifying staff—especially key staff—before the application is made. If any staff members (such as a project manager or coordinator) are to be hired after the grant is secured, the person's name and resume should be submitted to the MHEC within eight weeks of the grant award. Projects should not be delayed because of personnel vacancies.

E. Project Evaluation (20 points)

- Detail how the success of the proposed initiative will be objectively measured.
- Include plans to submit the Required Data Set initially, at interim annual reports and at the final report- develop forms to trend and collate this information for ease of NSP II staff, however all forms are required in the current format each year.
- Use quantifiable outcome measures tied to the goals and objectives of the proposed project.
- Identify how data will be collected and reported as well as the measurement techniques to be employed during the evaluation process. To the extent possible, utilize data reported annually to the Maryland Board of Nursing and your accrediting agency (e.g., the CCNE or ACEN).
- Evaluation will address the generalizability to other sites and sustainability.
- Interim and final reports should include a section on Mandatory Dissemination Activities and discussion on the impact of these activities in meeting goals.
- The progress towards these Nurse Support Program state level goals, based on the IOM (2010) Future of Nursing national goals, will be measured as part of the evaluation of NSP I in 2016-17 and for NSP II in 2019-20 to assist in making future funding decisions.
- Each grantee is expected to provide data and metrics to support this statewide effort and participate in Mandatory Dissemination Activities.

Note: Successful applicants must agree to provide a standard set of data to be specified for the evaluation of the program. Where possible, the required data elements are specified in the Request for Applications. See Required Data Set.

Annual reports will be required of each funded project and will include a narrative, performance data, and financial information. Data to be reported will include but not be limited to the following information for nursing programs impacted by the initiative: enrollments, graduates, graduation rates, and passage rates on any required nursing licensing exams. Demographics and the current employment status for nurses and nursing faculty who directly benefited from NSP II funding.

As with other multi-year grants, continued funding is dependent upon outcomes.

V. Budget and Cost Effectiveness (use budget form in Appendix A; 20 points)

- A. Complete the budget form provided as Appendix A. In this budget summary, show all planned expenditures for the project. Available in excel format at www.nursesupport.org
Identify the following:

Column 1	“NSP II Funds Requested” is the amount of the grant being requested.
Column 2	“Any Matching Funds” will be both cash and in-kind contributions from the applicant who will serve as the fiscal agent if the grant is awarded.
Column 3	“Other Funds” shows funds or in-kind contributions committed to this project by partners, cooperating organizations or others.

Annual and final financial reports have a similar format but must clearly distinguish between approved expenditures and actual expenditures.

B. Budget Guidelines

- Proposals must include a detailed budget for each year for which funds are requested, as well as a total budget for the entire project.
- Budgets should identify in-kind contributions and matching funds, if applicable.
- Funds may be used for salaries, technology, supplies, instructional equipment, travel, and other direct expenses essential to the conduct of the initiative.
- A 3% annual increase in salaries and direct costs is allowed to offset inflation.(Note: only if the institution allows this for other positions- freezes apply to grant roles)
- The budget requested should reflect any offsets to expenses such as increased revenue from increased tuition and fees from additional nursing students.
- Up to eight percent (8%) of the funds requested from the grant program to cover the cost of the project may be claimed for indirect cost recovery.

C. Ineligible Costs

Applicants may *not* expend funds for the following purposes:

- Entertaining (excludes light fare or luncheons for faculty recruitment sessions, professional development sessions, conferences, etc.);
- Non-instructional equipment (these are not equipment grants);

- Construction and renovation of facilities; or equipping new facilities

D. Budget Narrative

- Prepare a budget narrative to accompany the budget and provide a justification for requested funds. (See Appendix A for a sample budget narrative.)
- In the budget narrative, explain the rationale for each line of the budget summary, both for grant expenditures and matching funds. This narrative, which will be organized by the corresponding line item on the budget summary, must show how the amounts indicated were determined.
- In the budget and budget narrative, clearly link all costs to the project activities detailed in the Plan of Operation. All activities must be accounted for in the budget and budget narrative.
- Provide evidence of institutional commitment to the project, including the amount of staff time dedicated to the project and in-kind contributions.
- Included in the budget narrative must be a statement that any NSP II funds will augment and not supplant funding or other resources already committed by the institution.
- Demonstrate a budget transition towards self-sufficiency.

Note: The proposal's budget and cost-effectiveness will be evaluated on the extent to which:

- the budget is adequate to support the project;
- the costs are reasonable in relation to the objectives and design;
- the budget shows self-sufficiency by the end of the project;
- there is adequacy of support—including facilities, equipment, supplies, and other resources—from the partners; and
- administrative costs are kept to a minimum
- Each grantee should build funding into the budget to attend Mandatory Dissemination Activities and programs as noted on page 12-13. Please consider that these meetings could potentially take place anywhere in the state and grantees should take that into consideration when budgeting for travel, hotel, registration, and per diem costs for the mandatory meeting.

There is no minimum or maximum budget for Competitive Institutional Grants; however, the budget request must be justifiable in terms of the scope of the proposed activities and the number of additional nursing faculty and students to be educated. MHEC on behalf of HSCRC will negotiate the size of budgets as required by the resources available.

VI. Memorandum of Understanding, if applicable (no points)

- For proposals involving consortia of nursing schools and/or hospitals, submit a copy of a fully executed Memorandum of Understanding (MOU) between the separate institutions whose cooperation is essential to the success of the proposed initiative.
- Specify the roles and responsibilities of the parties and include approval of the submitted budget and acknowledgment of the use of any resources real or in-kind pledged to the initiative.

VII. Assurances (use form in Appendix A; required but no points)

TECHNICAL ASSISTANCE

A technical assistance meeting will be held to afford potential applicants pre-submission assistance. Topics will include a program overview, an overview of this RFA, and discussion of the RFA requirements.

The technical assistance meeting will be held on December 11, 2015 from 10:00 am to 2:00 pm. If you plan to attend, please register by e-mail with Priscilla Moore, NSP II Grant Specialist at Priscilla.moore@maryland.gov. See Summary Timetable for location.

If in writing the proposal you have questions about the proposal format or require other assistance, contact the Maryland Higher Education Commission (MHEC). Project directors are also encouraged to contact the MHEC whenever they have questions about grant implementation or management.

Peg Daw, MSN, RN-BC
NSP II Grant Administrator
Maryland Higher Education Commission
peggy.daw@maryland.gov
(410) 767-3372

VII. PROPOSAL REVIEW PROCESS

- Applications must be received by the deadline.
- Applications must include all requisite information.
- Applicants will be sent notification that their proposal has been received and assigned a proposal number.
- A panel of qualified reviewers will read each proposal according to the criteria summarized below and explained above in “Proposal Format.” Every proposal is read by at least five reviewers. Every effort is made to ensure that there are no conflicts of interest. Reviewers may be from Maryland or from other states and will have suitable qualifications to review the proposals.
- Panelists have an opportunity (and are encouraged) to add comments and the comments will be shared with the applicant when the review process is complete.

EVALUATION AND SELECTION CRITERIA

The review panel established by HSCRC and MHEC will review all applications and make recommendations regarding the selection of proposals that best meet established goals for this program. Each proposal will be evaluated based on the criteria described in the proposal narrative section and summarized below. The rating given for each criterion (see below) will serve as a significant, but not the only, aspect of the judgment made by the review panel. State priorities, support of diversity, and regional needs will also be taken into consideration. The

review panel convenes after each member has read the proposals individually. At this meeting, the panel comes to consensus on the projects that should be recommended for funding. The panel also makes recommendations on the level of funding and adjustments that the project staff might make to improve the project. The recommendations of the review panel will be presented to the HSCRC, who will make the final determination.

Criteria	Maximum Points
Abstract	5
Overview	10
Project Goals and Objectives	15
Management Plan	15
Scope of Proposed Initiative (Plan of Operation)	15
Project Evaluation	20
Budget and Cost Effectiveness	20
Total	100

NOTIFICATION OF AWARDS

A grant award will be issued after approval of awards and acceptance of the negotiated grant award amount by the project director and MHEC, in collaboration with HSCRC. Preliminary notification of awards will be made on or about April 15, 2016, by phone or e-mail. Written grant awards notification will follow shortly thereafter.

Projects may not begin until they have been approved by MHEC, in collaboration with HSCRC; the project director has completed budget negotiations; and the budget has been approved by MHEC, in collaboration with HSCRC.

Questions about the awards or scheduled release of funds may be directed to NSP II staff Peg Daw at 410-767-3372, peggy.daw@maryland.gov or Priscilla Moore at 410-767-3099, priscilla.moore@maryland.gov. All questions about funds transfer, transaction codes, tracking funding at the institution and detailed instructions about how to return any unused funds should be directed to MHEC's Finance Director, Jeff Cann at 410-767-3044, jeff.cann@maryland.gov.

Appendices

APPLICATION COVER SHEET**Nurse Support Program II FY 2017 – Competitive Institutional Grants**

Lead Applicant Institution/Organization: _____

Title of Project: _____

Partnership Members: _____

Type of Competitive Grant Initiative: (Check (✓) ONE of the following initiatives.)

☐	1. Initiative to Increase Nursing Pre-licensure enrollments and graduates	☐	3. Initiative to Increase the Number of Doctorally prepared Nursing Faculty
☐	2. Initiative to Advance the Education of Students and RNs to BSN, MSN, and Doctoral Level	☐	4. Initiative to Build Collaborations between Education and Practice that Develop New Models that Promote a Patient Centered Continuum of Care
☐		☐	5. Initiative to Increase Statewide Resources

Projected Outcomes: (Identify below the number of additional outcomes expected from funding)

Final Outcomes	Projected Increase (# of Additional) Describe Degrees/Results
Nursing Pre-Licensure Graduates	
Nursing Higher Degrees Completed	
Nursing Faculty at Doctoral Level	
Collaborative or Statewide Results	

Funds Requested: _____ Value of Match Provided (Funds, In-Kind, etc.): _____

Project Duration: _____ Project Director(s): _____

E-mail address: _____ Phone number: _____

Fax Number: _____

Mailing Address: _____

Grants Office Contact, Name & Title (post award):

E-mail address: _____ Phone number: _____

Finance or Business Office Contact, Name & Title: _____

E-mail address: _____ Phone number: _____

Certification by Authorizing Official:

APPLICATION COVER SHEET

Name: _____ Title: _____

Signature: _____

Mandatory Data Table for all Proposals and all Future Interim Annual and Final Reports

FACULTY for current AY (2015-2016)	Equivalents (Total FTEs)		
	FT	PT	Total Number
Nursing faculty with PhD in Nursing			
Nursing Faculty with PhD - Other			
Nursing Faculty with DNP			
Nursing Faculty with EdD			
Nursing faculty with MSN			
Clinical nursing faculty with BSN			
Clinical nursing faculty with MS			

How many vacant faculty positions does your program have?

	Full-Time	Part-Time
Number of Vacant Faculty Positions		

If vacancies, what was the primary cause?

- ☐ Budget constraints
☐ Lack of qualified applicants
☐ Other (Specify):

Certified Nurse Educators	# with CNE	% of FT Faculty
Number of FT Faculty with NLN CNE credential		

Describe the limitations on the capacity of your program during the current academic year

- Faculty recruitment. Specify areas of expertise and/or primary barriers:
- Availability of clinical placements. Specify area(s) of shortage and current clinical sites:
- other: Describe (e .g. institutional, capacity, demand, student recruitment, etc. :

Academic Year/Session for Indicated Program- Describe Program Type

Program Capacity (new students only)	
Number of qualified applicants	
Qualified but not admitted	
Admitted who registered	
Graduation Rate	
Retention Rate	

APPLICATION COVER SHEET

Graduates per academic year (as appropriate)

Graduates	ADN	BSN	Master Entry	RN-BSN	RN-MSN	MS	DNP	PhD

Demographics - Students/Faculty

Number from Underrepresented Groups in Nursing (ethnic/racial minorities, gender, age) for both Students and Faculty

Underrepresented Groups in Nursing	Ethnic/Racial Minority							
	% Asian	% Black/ African American	% Latino/ Hispanic	% Pacific Islanders and Native Americans	% White	% Mixed Race	% Other	Total Number
Nursing faculty (FT)								
Clinical or part-time faculty								
Nursing students								

Underrepresented Groups in Nursing	Ethnic/Racial Minority		
	% White	% Non-White	Total Number
Nursing faculty (Full Time)			
Clinical or part-time faculty			
Nursing students			

Underrepresented Groups in Nursing	Gender		
	Female	Male	Total Number
Nursing faculty (FT)			
Clinical or part-time faculty			
Nursing students			

APPLICATION COVER SHEET

Underrepresented Groups in Nursing	Age		
	Less than age 30	Greater than age 60	Total Number
Nursing faculty (FT)			
Clinical or part-time faculty			
Nursing students			

Geographic Impact

In-State or Out of State	State of Residence				
	Maryland	Geographic Neighbors (VA,DE, DC, PA, West VA)	Other States	Total Number	Percent In State
Nursing faculty (FT)					
Clinical or part-time faculty					
Nursing students					

SAMPLE BUDGET SUMMARY

Nurse Support Program II – Competitive Institutional Grants

Prepare each Annual Budget Request and Total Application Budget in Excel

Forms and Report Templates available at www.nursesupport.org

Lead Institution & Project Title: _____

Nurse Support Program II – Competitive Grant Program Application Annual Budget Request

Institution: _____

Partner Institutions or Organizations: _____

Project Title: _____

A. Salaries & Wages	SOURCE OF FUNDS		
	COLUMN 1 NSP II FUNDS REQUESTED*	COLUMN 2 INSTITUTION'S MATCH FUNDS	COLUMN 3 OTHER FUNDS**
Professional Personnel List each by name and title			
1			
2			
3			
4			
Other Personnel (list by job category & note # of each)			
5			
6			
Total Salaries and Wages	\$ -	\$ -	\$ -
B. Fringe Benefits			
C. Travel			
D. Participant Support Costs (specify)			
1. Mandatory Dissemination Activities			
Total Participant Costs	\$ -	\$ -	\$ -
E. Other Costs			
1. Materials and Supplies			
2. Consultant Services			
3. Computer Services			
4. Other (specify)			
Total Other Costs	\$ -	\$ -	\$ -
F. Total Direct Costs (A through E)	\$ -	\$ -	\$ -
G. Indirect Costs (cannot exceed 8% of F)	\$ -		
H. Total (F & G)	\$ -		

**Include all grant-funded expenses, including for sub-contracts, in this column. Identify cooperating organizations, agencies, institutions, etc., and funds requested for them (through project sub-contracts) on separate page(s); use the column 1 format for each. ** If any of these cooperating parties, or another agency, is committing funds for this project, indicate the specific breakdown and explanation of such funds for each on a separate sheet, while putting the totals for appropriate categories here in column 3 and summarizing the match in the budget narrative.*

Nurse Support Program II - Competitive Grant Program
Application Budget Summary

Lead Institution: _____

Partner Institutions or Organizations: _____

Project Title: _____

Total Grant Funds Requested: \$ _____

Total Requested Funds	Year 1	Year 2	Year 3	Year 4	Year 5	Total Amount of Funds	Total Institution Funds Over the Grant Period	
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020		Match or In Kind Contribution	Other Funds
A. Salaries & Wages								
Professional Personnel : List by name & title								
1								
2								
3								
4								
Other Personnel:								
List by job category & note number of each								
5								
6								
7								
8								
Total Salaries & Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Fringe Benefits								
C. Travel								
D. Participant Support Costs								
1. Mandatory Dissemination Activities								
E. Other Costs								
1. Materials and Supplies								
2. Consultant Services								
3. Marketing Services								
4. Computer Services								
Total Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F. Total Direct Costs (A through E)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
G. Indirect Costs (cannot exceed 8% of F)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
H. Total Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I certify that the financial information presented in this report is accurate.								
Project Director:	Signature _____				Date _____			
Financial Officer:	Signature _____				Date _____			

SAMPLE BUDGET NARRATIVE

Nurse Support Program II – Competitive Institutional Grants

Lead Institution: _____

Project Title: _____

(These partial examples are provided only to demonstrate the format requested for the budget narrative. Provide as many sheets of paper as needed to provide justification for each line of the budget summary, as outlined in the RFA.)

A. Salaries & Wages

Professional Personnel:

- a. Column 1: Dr. Jill Smith, the project director, will spend 10% of her time in project activities during the academic year. Maryland State University requests only the amount it will cost the university to pay an adjunct to replace Dr. Smith in one course. Request = \$4,900

Column 2: The university will contribute the difference between the \$4,900 requested and 10% of Dr. Smith's 10-month annual salary as in-kind cost share valued at \$3,100.
Match = \$3,100

Other Personnel:

- a. Administrative Assistant (1): Request = \$12.00/hour x 5 hours/week x 78 weeks = \$4,680
(Assistant's time not included as an indirect cost; time is scheduled for grant work)
Column 2: Assistant's fringe benefits contributed as match:
5 hrs/wk x 78 weeks x 33% benefits rate x \$12/hr. = \$1,560

B. Fringe Benefits

1. Fringe benefits for the project manager's spring semester release time are calculated at 33%
Request = \$12,250 x .335 = \$4,103.75

C. Travel

Travel for project director to partner hospital for six management committee meetings
Request = \$0.485 cents per mile x 10 trips x 60 miles/trip = \$291

D. Participant Support Costs

1. Stipends:
2 faculty members develop on-line courses @ \$2,500 each per course
Request = \$2,500 x 2 faculty x 6 courses = \$30,000
2. Mandatory Dissemination Activities- all grant funded activities, strategies, models and successful outcomes are to be available to nursing programs and clinical practice leaders across the state. The allowable costs per faculty member should be outlined in this budget line item and provide for regular attendance at statewide activities through organizations charged with meeting mutual IOM goals.

E. Other Costs

Other: Snacks for 2 faculty recruitment seminars \$5x20=\$100, printing costs \$1200

ASSURANCES

The Applicant hereby affirms and certifies that it will comply with all applicable regulations, policies, guidelines, and requirements of the Health Services Cost Review Commission (HSCRC) and the State of Maryland as they relate to the application, acceptance, and use of Nurse Support Program II funds in this project. Also, the Applicant affirms and certifies that:

1. It possesses legal authority to apply for the grant; e.g., an official act of the applicant's governing body has been duly adopted or passed, authorizing filing of the application, including all understandings and assurances contained therein and directing and authorizing the person identified as the official representative of the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) prohibiting employment discrimination where discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
3. It will enter into formalized agreement(s) with the local hospitals in the area(s) of proposed service, as well as with other members of the collaborative, where applicable.
4. It will expend funds to supplement new and/or existing programs and not use these funds to supplant non-grant funds.
5. It will participate in any statewide needs assessment program or other evaluation program as required by the HSCRC.
6. It will give the HSCRC, the Maryland Higher Education Commission as the Grant Administrator, and/or the Legislative Auditor, through any authorized representative, the right of access to, and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the HSCRC concerning special requirements of law and other administrative requirements.

Institution

Signature of Authorized Institutional Authority

Date

Name and Title, Printed

GRANT MANAGEMENT

1. FISCAL PROCEDURES

All funds under this program must be assigned to a specific account. If an institution receives more than one grant award, separate accounts must be established for each. Expenditures in excess of approved budget amounts will be the responsibility of the recipient institution.

2. POST-AWARD CHANGES

The grant recipient shall obtain prior written approval for any change to the scope or objectives of the approved project. This includes any changes resulting in additions or deletions of staff and consultants related to or resulting in a need for budget reallocation. The grant recipient must obtain prior written approval from MHEC (working in collaboration with HSCRC) to, specifically:

1. Continue the project during any continuous period of more than three (3) months without the active direction of an approved project director;
2. Replace the project director (or any other persons named and expressly identified as a key project person in the proposal) **or** to permit any such person to devote substantially less effort to the project than was anticipated when the grant was awarded; or
3. Make budget changes exceeding \$1,000 or 10% in any category, whichever is greater.

Grantees must also request written approval to extend the expiration date of the grant if additional time beyond the established termination date is required to ensure adequate completion of the approved activity within the funds already made available. A single extension, which shall not exceed six (6) months, may be made for this purpose and must be requested **no less than 1 month prior** to the originally established expiration date. The request must explain the need for the extension and include an estimate of the unobligated funds remaining and a plan for their use. The fact that unobligated funds may remain at the expiration of the grant is not in itself sufficient justification for an extension. The plan must adhere to the previously approved objectives of the project.

3. PROGRAM CLOSEOUT, SUSPENSION, TERMINATION

Closeout: Each grant shall be closed out as promptly as feasible after expiration or termination. In closing out the grant, the following shall be observed:

The grant recipient shall immediately refund or otherwise dispose of any unobligated balance of cash advanced to the grant recipient, in accordance with instruction from MHEC working in collaboration with HSCRC.

- The grant recipient shall submit all financial, performance, evaluation, and other reports required by the terms of the grant within 90 days of the date of expiration or termination.
- The closeout of a grant does not affect the retention period for State and/or federal rights of access to grant records.

Suspension: When a grant recipient has materially failed to comply with the terms of a grant, MHEC, acting in collaboration with HSCRC, may suspend the grant in whole or in part, upon reasonable notice to the grant recipient. The notice of suspension will state the reasons for the suspension, any corrective action required of the grant recipient, and the effective date.

Suspensions shall remain in effect until the grant recipient has taken action satisfactory to MHEC and HSCRC, or given evidence satisfactory to MHEC and HSCRC, that such corrective action will be taken or until MHEC/HSCRC terminates the grant.

Termination: MHEC, acting in collaboration with HSCRC, may terminate any grant in whole or in part at any time before the date of expiration, whenever MHEC, acting in collaboration with HSCRC, determines that the grant recipient has materially failed to comply with the terms of the grant. MHEC, acting in collaboration with HSCRC, shall promptly notify the grant recipient in writing of the termination and the reasons for the termination, together with the effective date.

The grant recipient may terminate the grant in whole or in part upon written notification to MHEC and HSCRC, setting forth the reasons for such termination, the effective date, and, in the case of partial terminations, the portion to be terminated. However, if, in the case of a partial termination, MHEC, acting in collaboration with HSCRC, determines that the remaining portion of the grant will not accomplish the purposes for which the grant was made, MHEC, acting in collaboration with HSCRC, may terminate the grant in its entirety.

Closeout of a grant does not affect the right of MHEC, acting in collaboration with HSCRC, to disallow costs and recover funds on the basis of a later audit or review, nor does closeout affect the grantee's obligation to return any funds due as a result of later refunds, corrections, or other transactions.

4. RECORDS

A grant recipient shall retain the following records for a period of five (5) years after the completion of the project:

- records of significant project experience and results;
- records that fully show amount of funds under the grant, how the funds were used, total cost of projects, *all costs provided from other sources*, and other records to facilitate an effective audit;
- records to show the grant recipient's compliance with program requirements; and
- participant data (e.g., number of students participating in retention activities; number of new faculty members, number of new graduates, etc.).

5. REPORTING REQUIREMENTS

MHEC and HSCRC staff may conduct site visits, undertake telephone interviews, or request written materials for this purpose.

Formal annual and final reports will also be required from all grantees. At the end of the grant, both a financial and a narrative report will be due to the Commission. Final reports should address the items described below under "The Financial Report" and "Narrative Reports."

PREPARING FOR REPORTING

Project directors should maintain records indicating when and where activities took place, who participated in each activity by name, and how funds were expended, as well as what the total project cost is. In addition, project directors should maintain evidence that demonstrates whether activity and project goals are being met.

ANNUAL REPORTS

The annual report must include:

- the number of participants or graduates
- a chart of project activities that have occurred
- a budget that shows how much of the grant has been spent and how much remains in each line item of the original accepted budget proposal
- responses to the other questions posed on the annual report form
- evidence that sufficient progress is being made on the project to warrant continuation
- the required Data Set to trend increases and changes over the grant period.

FINAL REPORTS

- Final reports must be submitted. Failure to submit a final report will make the project director ineligible to apply for future grants.
- Final reports have a financial report section and a narrative report section (see below for details).
- The final report includes evaluation of the grant. This evaluation will include the accepted evaluation plan components from the proposal. Included with the report shall be any evaluation report completed for the grant.
- Final reports should include the same participant and activity charts requested for the annual report but report the information for the full term of the grant (not just the final year of the grant).
- The final report includes a budget form and a budget narrative.
- The final report includes a combined set of data from original and final- side by side- to demonstrate changes, increases, improvements in nursing program graduates and faculty.

THE FINANCIAL REPORT should be structured like the approved budget, with both a budget summary and a budget narrative. It must be signed by a financial officer at the institution serving as the fiscal agent. Grantees should keep records indicating how funds are expended, the total cost of project activities, the share of the cost provided from other sources (in-kind or otherwise), and any other relevant records to facilitate an effective audit; such records should be held for five (5) years after the grant ends. Any unspent grant funds should be returned with the financial report.

NARRATIVE REPORTS include the results of the evaluation plan outlined in the project proposal and document the project outcomes. These reports will:

- include an executive summary;
- address the goals of the project, explaining how project activities addressed those goals and to what extent the project was successful in meeting those goals;
- include performance data (enrollments, graduates, etc.);
- note where or how the project activities might have been improved;
- identify if goals have been met and how these outcomes were measured;
- include citations of journal publications on programs funded by NSP II.

REPORTING FORMS

1. Annual Report Template
2. Project Amendment Form
3. Budget Amendment Form
4. Annual Budget Summary
5. Final Report Template
6. Final Report Budget Summary

All forms are available at <http://www.nursesupport.org/nurse-support-program-ii/reports/> and www.mhec.state.md.us.

SITE VISITS

Programs funded by NSP II are required to participate with on-site grant monitoring site visits. The purpose of this visit is to assess the progress of the grant funded program(s) in implementing grant activities and to verify that program and financial activities are occurring as reported. On-site monitoring visits may include a focused financial review along with the programmatic review. During the financial review, supporting documentation will be reviewed to confirm annual and/or final reports reflect an accurate reporting of expenditures. Examples of supporting documentation include, but are not limited to, the following: invoices and receipts, payment vouchers, statements and cancelled checks, payroll records and employment contracts, contract and sub-award documents. During the programmatic review, program activities and progress will be reviewed. Programs are selected for site visits at random. Site visits are a requirement and must be scheduled within 30 days of a request from the NSP II staff. These may be scheduled, at minimum, once per fiscal year. Programs that show evidence of concerns or inappropriate use of funds may be subject to additional site visits at any time over the life of the grant and for a period of 5 years after grant funding has ended.

6. ACKNOWLEDGMENT OF SUPPORT AND DISCLAIMER

An acknowledgment of the HSCRC **must** appear in any publication of materials based on or developed under this project in the following manner:

“The activity that is the subject of this [*type of publication* (e.g., book, report, film)] was produced with the assistance of a Nurse Support Program II grant under the auspices of the Health Services Cost Review Commission.”

Materials, except those published in academic journals, must also contain the following disclaimer:

“Opinions, findings, and conclusions expressed herein do not necessarily reflect the position or policy of the Health Services Cost Review Commission, and no official endorsement should be inferred.”

All media announcements and public information pertaining to activities funded by this grant program should acknowledge support of the Nurse Support Program II Grant Program under the auspices of the Health Services Cost Review Commission.

At such time as any article resulting from work under this grant is published in a professional journal or publication, two reprints of the publication should be sent to MHEC and HSCRC, clearly labeled with appropriate identifying information.

STATEWIDE INITIATIVES PROGRAMS

STATEWIDE INITIATIVES

NSP II funds Statewide Initiatives that are administered by the Maryland Higher Education Commission (MHEC) on behalf of the Hospital Cost Review Commission (HSCRC) to individual students and faculty using application processes. This maximizes access and participation by all eligible applicants and institutions throughout the State and minimizes the administrative burden placed on individual institutions with nursing programs in Maryland. This process also provides uniformity in the amount and type of financial support provided to nursing students and faculty throughout the State.

NSP II funding is available for (1) Graduate Nursing Scholarships for students to complete the graduate education necessary to become nursing faculty at Maryland institutions of higher education, (2) New Nurse Faculty Fellowships, for new nurse faculty hired by Maryland institutions to expand enrollments in their nursing programs, (3) Nurse Educator Doctoral Grants for Practice and Dissertation Research for existing faculty to expedite doctoral degree completions, (4) Clinical Simulation Resource Consortium for nursing students and nurse faculty to provide faculty development and user resources across all Maryland nursing programs and (5) Nursing Leadership Consortium for Academic and Clinical Practice Leaders to promote innovations between education and practice to lead change and advance health.

These Statewide Initiatives support the NSP II goals for IOM #4, #5, #6, & #7 by increasing the preparation of academic and practice leaders, graduating additional faculty and hospital educators, recruiting and retaining new nursing faculty, increasing the completions of terminal degrees for existing faculty, and sharing important leadership and simulation resources with clinical practice leaders and academic faculty leaders to meet the developing needs of the future nursing workforce.

An overview of each of these Statewide Initiatives is provided below. Detailed information and applications for Statewide Initiatives is available on the Maryland Higher Education Commission's website at www.mhec.state.md.us.

1. **Hal and Jo Cohen Graduate Nursing Faculty Scholarship:** NSP II funding is available through the Hal and Jo Cohen Graduate Nursing Scholarship for eligible students who are sponsored by Maryland higher education institutions to complete the graduate education necessary to become qualified nursing faculty at their institutions. All Maryland colleges, universities, and community colleges offering nursing degree programs may sponsor students for this grant. These sponsors must provide students with mentors, and work to incorporate the students into campus faculty culture and provide career counseling and assistance with placement within the State.

Awards: MHEC provides awards through the Office of Financial Assistance, with NSP II staff in recommending funding allocations. The maximum total award per graduate student is full tuition and mandatory fees at a Maryland University with an eligible degree program.

Eligibility: Individuals must be accepted by a Maryland higher education institution into: MSN, Doctoral (PhD, DNP, EdD) or nursing teaching certificate programs.

Obligations: Students receiving the scholarship must commit to completing the required graduate program within a maximum of two years for full-time students and working as nursing faculty at Maryland institutions upon program completion.

They must sign a promissory note affirming that they will serve as nurse faculty at a Maryland school of nursing.

Application Process: To apply, a graduate student must complete and submit required documents to the Maryland Higher Education Commission. These include, but are not limited to:

- A complete application for a Graduate Nursing Faculty Scholarship on MDCAPS
- Documentation of sponsorship by a Maryland higher education institution offering nursing degree programs.
- A signed promissory note and repayment obligation in the event of the student's failure to meet service requirements.

Applications will be accepted throughout the year and awards will be made as funding allows.

2. **New Nursing Faculty Fellowships:** NSP II funding provides New Nursing Faculty Fellowships to faculty hired to expand Maryland's nursing programs. Maryland institutions with nursing degree programs may nominate an unlimited number of newly hired full-time tenured or tenure-track faculty members for fellowships. Full-time clinical-track faculty who have a long-term contract and will be serving as nursing faculty also may be eligible. These fellowships will assist Maryland nursing programs in recruiting and retaining new nursing faculty to produce the additional nursing graduates required by Maryland's hospitals.

Awards: Funding will be provided to higher education institutions for distribution to their recipients of the New Nursing Faculty Fellowships. The maximum amount of the fellowships will be \$20,000, with \$10,000 distributed the first year and \$5,000 in each of the next two years, assuming continuous employment in good standing. The fellowships may be used to supplement salaries or assist new nursing faculty with professional expenses, such as professional development, loan repayment, and other relevant expenses. These funds must not replace any portion of the nursing faculty fellow's regular salary.

Eligibility: To be eligible, nominees for the New Nursing Faculty Fellowship must have obtained full-time tenured or tenure-track employment during the preceding school year at Maryland higher education institutions for the purpose of expanding enrollments in their nursing programs.

Nomination Process: Nominated by the Dean or Director of a Maryland Nursing Program. By August 31 each year, Maryland schools of nursing must submit to the Maryland Higher Education Commission all required documents. This includes, but is not limited to:

- A current curriculum vitae for each faculty being nominated for the New Nursing Faculty Fellowship Program;
- Verification of the date of hire or a statement certifying intention to hire the person;
- Anticipated title and discipline(s);
- Job functions to be performed by the nominated faculty;

- A narrative that substantiates that each nominated faculty position: (1) will increase the enrollment capacity of the institution's nursing programs and (2) was historically the type of position that was difficult to fill.

The number of annual awards will be dependent upon the number of nominations and the availability of funding. Continuation of funding is predicated on continued employment in good standing.

3. **Nurse Educator Doctoral Grants for Practice and Dissertation Research (NEDG)** provides existing and potential faculty with grants to expedite doctoral completions. This program is designed to support faculty in completing terminal degrees through Doctorate of Philosophy (PhD) candidates' dissertation work, Educational Doctorates (EdD)and Doctorate of Nursing Practice (DNP) candidates' scholarly capstone project work. School of Nursing Deans and Directors nominate nursing doctoral candidates, who are interested in serving as nursing faculty. The grant program goals are to increase the number of doctoral prepared nursing faculty in Maryland, strengthen the faculty development for optimal capacity at schools of nursing and recruit and retain a diverse nursing faculty.

Awards- MHEC oversees a Review Committee of faculty and practice leaders, with NSP II staff in recommending funding allocations. Individual awards of up to \$30,000 are allowed based on the individual's demonstrated needs.

Eligibility- A Maryland faculty or potential faculty who is currently enrolled and/or within 2 years of final doctoral degree completion

Nomination Process- Nominated by the Dean or Director of a Maryland Nursing Program. By September 30 each year, Maryland schools of nursing must submit to the Maryland Higher Education Commission all required documents. This includes, but is not limited to:

- A current curriculum vitae for each faculty being nominated for the New Nursing Faculty Fellowship Program;
- Nomination Form with all completed documents
- Anticipated doctoral degree completion- programs, graduation date, scholarly work title;
- Letter of commitment to continue teaching by the nominated faculty;
- A detailed budget describing the financial needs and support requested for expedited completion of the doctoral program

The number of annual awards will be dependent upon the number of nominations and the availability of funding. Continuation of funding is predicated on continued employment in good standing.

4. **Clinical Simulation Resource Consortium** - There are twenty five schools of Nursing in Maryland that graduate entry-level nursing students, ten universities and fifteen community colleges. Each of the schools utilizes simulation to a different degree. Although the Nurse Support II program, funded through HSCRC provided extensive support to the universities and colleges, there is a great deal of variety in the number of simulations being used in the programs. Continuing concerns are resources for faculty training and equipment. More hospitals and Nurse Residency Program are interested

MHEC administers a centralized resource center for Maryland, to provide training and promote collaboration in the use of simulation statewide. Two earlier NSP II funded programs have been foundational to the development of statewide resources. The Maryland Faculty Academy for Simulation Training (M-FAST) and the Maryland Community College Simulation User Network (MCCSUN) programs and resources are incorporated in the center collaborative. Another NSP II grant supported the development of simulation scenarios at Montgomery College. The college committed to provide support through facilities, posting simulation scenarios through open access and designating a nationally recognized and credentials faculty member as the Simulation Coordinator for the Collaborative. The additional staff need for the center will be a program manager, to facilitate the needs assessments, communication, and record-keeping needed for this initiative. MHEC will approve an annual budget allocation to appropriate adequate funds to meet the needs of all nursing programs through shared resources at a budget equivalent to other Statewide Initiatives.

Awards- MHEC oversees a Steering Committee of faculty and practice leaders, with NSP II staff in recommending funding allocations for faculty development, conferences and institutional updates

Eligibility- all Maryland schools with nursing programs and Maryland Hospitals are eligible to participate, send faculty or educators for training and submit additional unmet simulation needs to the Collaborative

Nomination Process- By November 30, nurses should be nominated by their Dean or Director at the nursing program or the Chief Nursing Officer at the hospital for participation

5. Nursing Leadership Consortium for Academic and Clinical Practice Leaders

CEOs of Academic Medical Centers report they are challenged to fill leadership positions, especially nursing leadership positions. Nursing programs are faced with an aging nurse faculty workforce, with up to 70% in the final decade of their career (NSP II Faculty Survey, 2014). The Consortium for Nursing Leadership was formed to address the need to develop nurse leaders for both academia and clinical practice. This model was developed by funding from an NSP II grant at Johns Hopkins University and has reached 5-10 partner schools with successful outcomes. This IOM recommendation #7, “prepare and enable nurses to lead change to advance health”, is one of the four key goals of NSP II. Nurse leaders across all levels should be involved in health care decisions and fill leadership positions on hospital boards, educational boards and community boards. An executive advisory committee, consisting of all the Deans/Directors of the respective partner schools and Chief Nursing Officers of respective partner hospitals will be the guiding force of the week long institute and responsible for decisions made within this leadership consortium. The weeklong leadership institute will be immersive, experiential leadership where nursing leaders will learn more about their own leadership styles, gain knowledge and skills from current leaders, as well as identify and access resources to promote growth and development in nursing leadership. The University committed to providing facilities and nationally recognized faculty to lead this collaborative. The additional staff need for the Institute will be a program manager, to facilitate the needs assessments, communication, and record-keeping needed for this initiative. MHEC will approve an annual budget allocation to appropriate adequate funds

to meet the needs of all nursing programs through shared resources at a budget equivalent to other Statewide Initiatives. For more information, see:

<https://www.nursing.umaryland.edu/academics/pe/leadership-consortium/>

Awards: MHEC oversees an Executive Advisory Committee of faculty and practice leaders, with NSP II staff in recommending funding allocations for faculty development, institute cohorts and institutional updates. Each year 30 faculty and clinical practice leaders will be funded to attend the Leadership Institute hosted by University of Maryland School of Nursing. There is an option for additional offerings for more Institute participants, if the need is demonstrated.

Eligibility- All Maryland Nursing Programs and all Maryland Hospitals may nominate nursing leaders- emerging or experienced- to participate.

Nomination- By August 31, nominations are due. Each nursing program and hospital may nominate 2 or more nurse leaders over the next five years of the program implementation.